### MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: P	revalence Hea	alth, LLC
CASE NUMBER:	09-02016 EE	For Period November 1 to November 30,2010.
		R THE END OF THE MONTH. The debtor must attach each of the following forms unless equirement in writing. File with the court and submit a paper copy to UST with an original
Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - a	ttached or waived)	
{ }	<b>(X)</b>	Comparative Balance Sheet (FORM 2-B)
{ }	(X)	Profit and Loss Statement (FORM 2-C)
{X}	{ }	Cash Receipts & Disbursements Statement (FORM 2-D)
{ }	{X}	Supporting Schedules (FORM 2-E)
{ }	{X}	Narrative (FORM 2-F)
{ }	(X)	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)
best of my knowle	dge and belief.  /2//3/C  (date)	By:**  Position: Liquidating Trustee  Name of preparer: H. K. Lefoldt, Jr.  Telephone No. of Preparer 601-956-2374
* both debtors mu	st sign if a joint petition	• •

\*\* for corporate or partnership debtor

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016 EE

## QUARTERLY FEE SUMMARY

MONTH ENDED November 30, 2010

Cash Disbursements * \$ 499,937 \$ 763,379 \$ 601,386		Quarterly Fee Due	Check No.	Date
\$1,864,702	\$	6,500	61434	4/26/10
\$ 436,370 \$ 567,203 \$ 398,040				
\$_1,401,613	\$	6,500	61435	7/29/10
\$ 149,406 \$ 87,482 \$ 13,035 \$ 249,923	\$	1,950		
\$ 13,962 \$ 1,169 \$				
\$	\$			
\$0 to \$14,999.99 \$15,000 to \$74,999.9 \$75,000 to \$149,999 \$150,000 to \$224,99 \$225,000 to \$299,99 \$300,000 to \$999,99 \$1,000,000 to \$1,999 \$2,000,000 to \$2,999 \$3,000,000 to \$4,999 \$5,000,000 to \$14,99 \$15,000,000 to \$29,99	99 9.99 9.99 9.99 9.999.99 9,999.99 99,999.9	9 9 9 9	\$325 \$650 \$975 \$1,625 \$1,950 \$4,875 \$6,500 \$9,750 \$10,400 \$13,000 \$20,000	UE
	Disbursements * \$ 499,937 \$ 763,379 \$ 601,386  \$ 1,864,702  \$ 436,370 \$ 567,203 \$ 398,040  \$ 1,401,613  \$ 149,406 \$ 87,482 \$ 13,035  \$ 249,923  \$ 13,962 \$ 1,169 \$   DISBURSEMENT O  \$ 10 \$14,999.99 \$ 15,000 to \$74,999.\$  \$ 75,000 to \$149,999 \$ 150,000 to \$224,99 \$ 225,000 to \$299,99 \$ 300,000 to \$299,99 \$ 1,000,000 to \$1,999 \$ 2,000,000 to \$1,999 \$ 2,000,000 to \$14,999 \$ 33,000,000 to \$14,999 \$ 55,000,000 to \$14,999 \$ 15,000,000 to \$29,99 \$ 155,000,000 to \$29,99 \$ 155,000,000 to \$29,99 \$ 1,000,000 to \$29,99 \$ 1,000,000 to \$29,99 \$ 1,000,000 to \$29,99 \$ 155,000,000 to \$29,99	Disbursements * \$ 499,937 \$ 763,379 \$ 601,386  \$ 1,864,702 \$  \$ 436,370 \$ 567,203 \$ 398,040  \$ 1,401,613 \$  \$ 149,406 \$ 87,482 \$ 13,035  \$ 249,923 \$  \$ 13,962 \$ 1,169 \$ \$  DISBURSEMENT CATEG  \$ 0 to \$14,999.99 \$ 15,000 to \$74,999.99 \$ 150,000 to \$149,999.99 \$ 150,000 to \$224,999.99 \$ 225,000 to \$299,999.99 \$ 300,000 to \$999,999.99 \$ 300,000 to \$999,999.99 \$ 3,000,000 to \$1,999,999.99 \$ 3,000,000 to \$4,999,999.99 \$ 3,000,000 to \$4,999,999.99 \$ 3,000,000 to \$4,999,999.99 \$ 3,000,000 to \$14,999,999.99	Disbursements *	Disbursements *   Fee Due   Check No.   \$ 499,937   \$ 763,379   \$ 601,386   \$ 1,864,702   \$ 6,500   61434   \$ 436,370   \$ 567,203   \$ 398,040   \$ 1,401,613   \$ 6,500   61435   \$ 149,406   \$ 87,482   \$ 13,035   \$ 249,923   \$ 1,950   \$ 13,962   \$ 1,169   \$ \$

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

<sup>\*</sup> Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

Case 09-02016-ee REGIONS

Regions Bank

Doc 239

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Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201

00066649 01 AV 0.335 001 

ACCOUNT #

0101894579

Cycle **Enclosures** Page

## COMMERCIAL ANALYZED CHECKING

October 30, 2010 through November 30, 2010

		SUMN	IARY		
Beginning Balance Deposits & Credits Withdrawals Fees Automatic Transfers Checks Ending Balance	\$32.30 \$0.00 \$0.00 \$23.80 \$0.00 \$5.00 \$8.50	+ - + -	Minimum Balance	. • •	\$8

11/09	Analysis Charge	10-10			23.80
CONTRACTOR OF STREET					
		DAILY	BALANCESUMMARY		
Date	Balance	***************************************		<u>Date</u>	Balance

You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office. Regions Bank

Filed 12/14/10 Document

Entered 12/14/10 09:19:52 Desc Main Page 4 of 5

Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201

lullddaralbddaladadaladadalbdaladadladlad

00066675 01 AV 0.335 001 PREVALENCE HEALTH LLC ATTN: H KENNETH LEFOLDT JR PO BOX 2848 RIDGELAND MS 39158-2848

ACCOUNT #

9001277993

Cycle **Enclosures** 

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\$369,111

001

# COMMERCIAL ANALYZED CHECKING

October 30, 2010 through November 30, 2010

SUMMARY

Minimum Balance

\$369,174.06 Beginning Balance \$9,375.71 Deposits & Credits \$862.25 Withdrawals \$283.13 Fees + \$0.00 Automatic Transfers \$0.00 Checks \$377,404.39 **Ending Balance** 

DEPOSITS & CREDITS

EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101030 42.18 11/03 1,155.90 11/04 1,487.84 Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101106 11/12 179.34 EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A 11/17 4,739,21 Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101113 11/18 337.38 EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A 11/24 1,433.86 Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101120 11/26

**Total Deposits & Credits** 

\$9,375.71

WITHDRAWALS

Merchant Service Merch Fee Health Allianc 8003547554 11/02 Postage Debtor IN Poss 42906255 Pitney Bowes 11/04 Postage Debtor IN Poss 42906255 Pitney Bowes 11/17 Postage Debtor IN Poss 42906255 Pitney Bowes 11/26

200.00 400.00

62.25

200.00

Total Withdrawals

\$862.25

FEES

Analysis Charge 11/09

10-10

283.13

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
11/02	369,111.81	11/09	369,826.76	11/18	376,033.15
11/03	369,153.99	11/12	371,314.60	11/24	376,370.53
11/04	370,109.89	11/17	371,293.94	11/26	377,404.39

## Easy Steps to Balance Your Account

#### Checking Account

1.	Write here the amount shown on statement for ENDING BALANCE	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

Check No.	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$ -
	\$
Total Enter in Line 4 at Left	\$

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

Summary of Our Error Resolution Procedures In Case of Errors or Questions About Your Electronic Transfers Telephone us toll-free at 1-800-444-2867 (or, if in Birmingham area, 326-5657) or write us at Regions Electronic Funds Transfer Services Post Office Box 413 Birmingham, Alabama 35201

As soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment EB - Electronic Banking

RI - Return Item NSF - Nonsufficient Funds APY - Annual Percentage Yield

SC - Service Charge FWT - Federal Withholding Tax OD - Overdrawn \*Break in Number Sequence